2
45
39
47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1948

Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37680

Primary Registration District No. 5991

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Lemons
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
XXXXXX /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFE TIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Putnam~~ Missouri (b) County Putnam 86

(c) City or town Lemons 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME James Edward Tuller

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Annie Bell Tuller

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased December (Month) 1 (Day) 1877 (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	11	0	..... hr. ..... min.

9. Birthplace Putnam County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Merchant (Retired 10 yrs.)

11. Industry or business General Merchandise

FATHER
12. Name Lucian Tuller 0
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name SARAH M CENTERS 7
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 7

16. (a) Informant Hershel Tuller
(b) Address Lemons Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lemons Cemetery

18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville Mo. By J. W. Comstock

19. (a) 11-27-48 (Date received local registrar) (b) Marvell Durbin (Registrar's signature) 2/2/48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1
year 1948 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb. 3, 1948, 19..., to Nov. 1, 1948, 19...;
that I last saw him alive on Nov. 1, 1948, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature J. H. Hohman (M. D. ~~or other~~)
Address Unionville, Mo. Date signed 11/2/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 11-48-2
NOV 30 1948
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Richard P. Cassady, Registered Apprentice No. 76 working under my personal supervision.

Signed James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.